



Karen C. Handel  
Secretary of State

SECURITIES AND BUSINESS REGULATION  
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Robert D. Terry  
Division Director

## Termination of Registration As A Paid Solicitor Agent

Part I - Employer			
Name of Paid Solicitor		Registration Number	
Main Address (Number and Street)	City	State	Zip Code
Office of Employment Address (Number and Street)	City	State	Zip Code
Person to Contact Regarding This application		Phone Number	
Part II - Applicant (Solicitor Agent)			
A. Name (Last) (First) (Full Middle or Maiden Name - specify if none)			Social Security Number
B. Date Terminated			
C. Reason - Check One: <input type="checkbox"/> Voluntary <input type="checkbox"/> Deceased <input type="checkbox"/> Discharged			
Part III			
(Signature and Title of Official for Paid Solicitor)		(Date)	